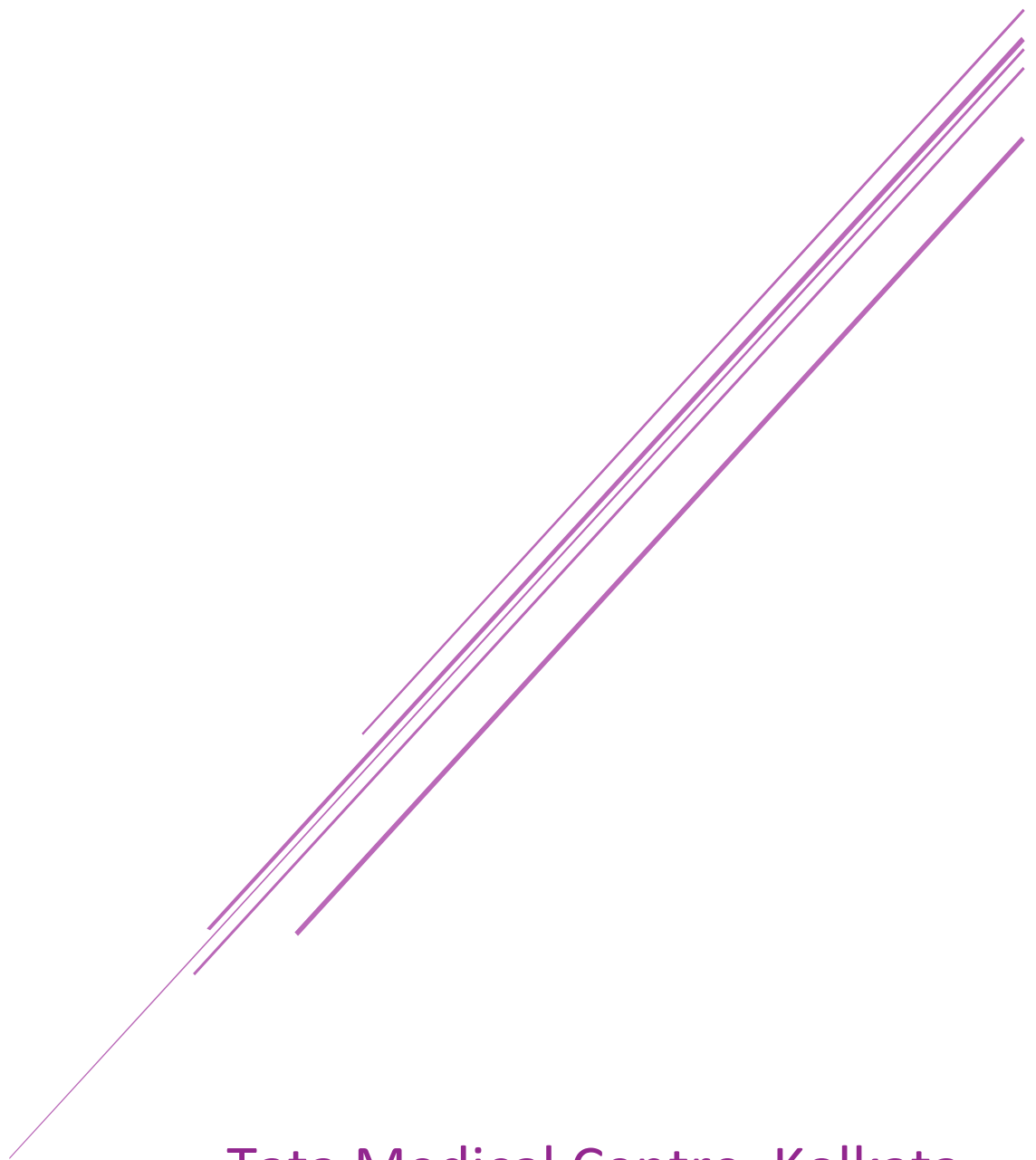


Welcome Booklet

Guideline for Trainees



Tata Medical Centre, Kolkata

Department of Gynaecological Oncology

Dear Trainee,

Welcome to the Department of Gynaecological Oncology at Tata Medical Centre, Kolkata. This booklet introduces you to the department and outlines what is expected of you during your tenure of training and what the department is obliged to offer you during your training.

Wishing you a very pleasant and thorough learning time with us transforming you into a true leader and a trustworthy specialist in the management of women with gynaecological cancers.

**Jaydip Bhaumik
Anik Ghosh
Basumita Chakraborti
Jagannath Mishra
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Introduction

Conceptualized in the year 2004 as a philanthropic initiative for the Eastern and North-Eastern parts of India and the neighbouring countries, the Tata Medical Center, Kolkata (TMCK) started operations in Kolkata on May 16, 2011. The hospital is governed by a charitable trust – Tata Medical Centre Trust. TMCK is an integrated oncology facility with well-trained professional staff and equipped with modern facilities and the most contemporary medical equipment. With a capacity of 437 beds, it serves all sections of the society, with 50% of the infrastructure earmarked for free or subsidized treatment for the underprivileged sections. The hospital provides a wide spectrum of services from diagnosis, therapy to rehabilitation and palliative support in cancer. The Institution's objective is to excel in service, education and research.

Diagnosis and treatment are provided to the patients by a multidisciplinary approach with disease management groups, wherein experts from different streams, viz., Surgical Oncology, Radiation Oncology, Medical Oncology, Pathology, Radiology, and other clinical and support groups participate in the decision-making process for treatment protocols, using evidence-based medicine strategies and documented clinical guidelines appropriate to our location.

The above facilities are complemented by state-of-the-art equipment from the best of manufacturers worldwide. The treatment teams are complemented by support services including Medical Social Workers, Rehabilitation Services (Physiotherapy, Speech Therapy), Stoma Care, Dental and Prosthetics. They are supported by NGOs and other voluntary organizations whose services will include counselling, financial aid and patient navigation.

The Department of Gynaecological Oncology leads the Gynaecology Disease Management Group. The team now consists of five consultants and six national and additional surgical oncology and international trainees, supported by a highly skilled multidisciplinary team from Radiation Oncology, Medical Oncology, Histology and Molecular Pathology, Radiology and Preventive Oncology. Our team attends about 200 women in the OPD each week and performs nearly 800 advanced gynaecological cancer surgical procedures each year. We specialize in robotic surgery in gynaecological cancer and advanced cytoreductive surgery for ovarian cancer along with hyper-thermic intra-peritoneal chemotherapy (HIPEC). We are the only centre in India that is accredited by the European Society of Gynaecological Oncology (ESGO) for advanced ovarian cancer surgery.

Clinical Responsibilities

An informal but effective hierarchy of clinical and administrative responsibilities exists in the department. The team is led by Dr Jaydip Bhaumik (JB), Head of the Department. The other consultants are Dr Anik Ghosh (AG), Dr Basumita Chakraborti (BC), Dr Jagannath Mishra (JM) and Dr Subhashree Rout (SR). The third-year trainees, who have attained a high level of expertise in the management of gynaecological cancers lead the trainee team, followed by the second year and then the first-year trainees. We also have trainees from Surgical Oncology and international trainees associated with us for variable durations with different levels of expertise in the super specialty, as well as observers from various institutions across India. The clinical services are complemented by Dr Sonia Mathai in Preventive Oncology, Dr Santam Chakraborty and Dr Tapesh Bhattacharya in Radiation Oncology, and Dr Somnath Roy, Dr Arnab Bhattacharjee, Dr Susmita Sadhukhan and Dr Sayak Dey in Medical Oncology.

Punctuality

Academic activities commence at various times of the morning. You will get the details in a subsequent section of this booklet. In general, most consultants will undertake their ward rounds starting from around 8:30 am. It is expected that you review the admitted patients with whom you have been involved in the care prior to the consultant round. This may take up to an hour depending on the number of patients admitted.

OPD starts at 9 am. The person assigned to OPD must reach there by this time and inform us in our WhatsApp group confirming his/her attendance and the number of patients waiting to be seen at that time. At least one of the persons who are assigned to the operating theatre, must report at the OT before 8:30 am.

Attendance

An attendance recording card has been given to you by the HR department, you should swipe in at the time when you enter the hospital at designated locations and swipe out when you leave. This way your attendance is recorded electronically. If you forget to swipe there is a provision of reconciliation, however, any irregularity identified may result in deduction from your leave entitlement.

Attire, appearance and behaviour

We deal with patients from various backgrounds and social classes. As healthcare professionals, we should be seen as sober and clean. Those with long hair are expected to keep it tied back neatly. Your nails should be trimmed at regular intervals and you should always wash your hands or sanitise them prior to and after touching the patient or her surroundings. It is advisable to wear covered shoes to protect your feet from accidental injury from stray sharp objects. Take all

precautions while examining a patient that the clothes you wear and the attachments like identity badge do not touch our patients during the examination.

Most of our patients are extremely anxious, depressed and disappointed when they come to us. We should handle them and their family with utmost kindness and care. Your behaviour should be professional and compassionate with the patient and her relatives and at the same time cordial, respectful and supportive towards all staff at the hospital. Our patients are treated with dignity and empathy. It is extremely important that we make appropriate diagnosis and formulate treatment plans for the patients, it is equally important that we behave appropriately with them and communicate diligently. Sometimes, we may not know the answer of all the questions asked, this should be accepted with humility and correct answers sought from someone senior. No discussion about patient care is undertaken in the absence of the patient herself. It is sometimes difficult to convince the bystanders the importance of having an honest and thorough discussion with the patient. You will learn the essentials of communication during your training. Seek a senior's help in case of any difficulty.

Longitudinal care of the patient

One of the important parts of your training is to take up the role of a superspecialist in the field in the future. For this, you will have to learn to take ownership responsibility for your patients. This means, when you see a patient in the OPD, it will be your duty to follow up with the results of any investigations ordered, participate actively in the planning of management and see her during her recovery in the postoperative period. If you have been assigned to be a part of the surgical team for a patient whom you have not seen before, it is of utmost importance that you get acquainted with her so that you know all about her medical and social history, review all the recent investigations and take consent on the day before the procedure in the prescribed format after fully explaining the procedure and answering all the questions you may be asked.

Leave

The department acknowledges that every trainee is entitled to their leave during their training period as stipulated by the authority. Both NBE or TMCK Hospital rules apply. However, the department also has to provide a service to the hospital and its patients. Keeping both of these commitments in mind the following guidelines have been laid down:

Rules

1. Trainees at same designation, same batch cannot be allowed leave on the same dates (exceptional cases to be discussed in person with HOD)
2. The trainee applying must ensure that colleagues are available during their leave who will manage the responsibilities in their absence. This must be documented in the section of the leave application ('colleague assigned to your responsibility').
3. During externship/rotation to other departments outside gynaecology, prior approval must be obtained from respective HOD/Consultant in writing/email. Only then shall leave from HMS be approved (*e.g. Trainee is in rotation in the Dept of GI Surgery. Leave during this rotation must be approved by Dept. of GI Surgery first and then forwarded to Gynae-Oncology for HMS Approval*)

Prior information:

1. Planned leave must be applied for 30 days in advance. Some flexibility may be allowed in certain exceptional circumstances. However, no leave other than personal medical leave will be permitted in retrospect.
2. Medical Emergencies for self: A telephonic communication must be made to the consultant with whom you are assigned on that day. Also, an email to HOD, copying to the other consultants stating the situation must be made. ONLY UPON receiving an approval, retrospective application shall be approved through HMS. (Please note: leave for more than 24 hrs for medical reasons must be endorsed by the staff physician)

Leave workflow:

1. Trainee applies on the application form and a copy of the response should be emailed to JM.
2. JM will look at the leave planner and reply to the trainee with email: approved, rejected, etc. and this will be sent to JB and other consultants.
3. Only when JB and the trainee get this email, the trainee will be able to get their HMS leave approved.

Confidentiality

Confidentiality is central to the trust between healthcare professionals and patients, between colleagues in the department and within the institution. As healthcare professionals we have access to sensitive personal information about patients and have a legal, ethical and often a contractual duty to keep this information confidential. You must understand the general principles of patient confidentiality and trustworthiness within the department and institution. You are advised not to disclose any patient related information, especially any test result to any person other than the patient. Under exceptional circumstances the next of kin may be informed, but always involve a senior person prior too doing this.

It is also prudent that any departmental discussion regarding treatment and research planning or internal issues of the unit, is not disclosed to anyone who is not a part of the department. There is a formal platform for the discussions of these. Treatment outcomes are presented at regular institutional audit meetings and may be worth publication in a peer review journal if so important. No patient identifiable data can be stored in any personal space or shared with anyone outside the institute without the prior permission of the Institutional Review Board and the CEO.

Buddy and mentorship

The department assures to support you through an integral process of providing additional assistance during your training. Apart from your designated guide for your thesis, another consultant will be assigned to you to mentor you throughout the period of your training especially with respect to resolving inter-personal issues, setting career goals, supervising and overcoming barriers to achieve those. A senior trainee will also be assigned to you to provide you with necessary guidance and care that is offered by a buddy. All the consultants and the HOD are there to unconditionally support you for any genuine needs.

Your planner

Placement plan for international trainees

Trainee type	Schedule	Yr one		Yr two	
		First 6 mo	6 to 12 mo	First 6 mo	6 to 12 mo
International 2 yr Fellowship GynOnc	MDT	Y	Y	Y	Y (supervise)
	OPD	Y(4/wk)	Y(3/wk)	Y(2/wk)	Y(1/wk)
	Ward Week	Y	Y	Y	Supervise
	OT	Y (1/wk)	Y (2/wk)	OT (3/wk)	OT (4/wk)
Trainee type	Schedule	First 3 mo	Months 3 to 6	Months 6 to 9	Months 9 to 12
International 1 yr Fellowship GynOnc	MDT	Y	Y	Y	Y (supervise)
	OPD	Y(4/wk)	Y(3/wk)	Y(2/wk)	Y(1/wk)
	Ward Week	Y	Y	Y	Supervise
	OT	Y (1/wk)	Y (2/wk)	OT (3/wk)	OT (4/wk)
Trainee type	Schedule	First 15 days	Second 15 day	Third 15 days	Final 15 days
International 2 months Fellowship GynOnc	MDT	Y	Y	Y	Y
	OPD	Y(4/wk)	Y(3/wk)	Y(2/wk)	Y(1/wk)
	Day Ward Duty	Y	Y	Y	Y
	OT	Y (1/wk)	Y (2/wk)	OT (3/wk)	OT (4/wk)

Those who attend for a shorter duration, the placement is amended as appropriate for the duration of the training and the basic knowledge and skill of the trainee.

Weekly plan for the department

Days	Before 9 am	9am – 12pm	12pm – 2pm	2pm – 5pm	Beyond 5pm
Monday	Journal club Surgical Oncology	2 OT 2 Cons OPD 1 Gen OPD			Evening ward round Cover OT/OPD if needed
Tuesday	Ward round	2 OT 2 Cons OPD 1 Gen OPD			Evening ward round Cover OT/OPD if needed
Wednesday	Ward round	2 OT (3rd OT 1 in 4 weeks) 2 Cons OPD 1 Gen OPD			Evening ward round Cover OT/OPD if needed
Thursday	Ward round	MDTM OT planning	All in OPD		
			Second half OT (1 in 4 weeks)		
Friday	Ward round	2 OT 2 Cons OPD 1 Gen OPD			Evening ward round Cover OT/OPD if needed
Saturday	TALES/MARC	Grand round Reflections Other academics		End of day ward round	
Sunday	Attend ward round by rotation, emergencies as and when necessary				

Please help in OT when you finish in OPD and vice versa.

Also, please help your colleagues with departmental work when they are facing difficulties.

Academic Responsibilities

Learning objectives

The training is aimed at developing a general obstetrician gynaecologist into a super-specialist gynaecological oncologist. A candidate who successfully completes the course will be expected to have gained proficiency in the following:

- Understand the epidemiology of gynaecological cancers and the principles underlying screening, early detection and prevention. The candidate should acquire a high level of competency in colposcopy and related procedures in the management of pre-invasive and micro-invasive lesions of the female genital tract.
- Acquire a sound knowledge of gross and microscopic pathology and cytology relevant to gynaecological oncology. The candidate should be capable of interpreting the details of cytology, histology, immunohistochemistry and molecular pathology reports and use this effectively in making decisions regarding planning treatment.
- Acquire the necessary skills and competence to safely perform radical and ultra-radical surgery for gynaecological cancers including the ability to prevent, recognize and manage any complications arising thereof.
- Understand the surgical principles and have the skills necessary to perform appropriate surgical procedures on the GI and urinary tract as and when required in the management of gynaecologic cancer and its complications.
- Be familiar with principles of management of diseases of the breast.
- Be able to perform invasive diagnostic procedures i.e. cystoscopy, thoracic and abdominal paracentesis, and drain placement and care of the central lines.
- Have a detailed knowledge of relevant imaging technologies i.e. Ultrasound, CT, MRI and FDG-PET scans.
- Have a sound knowledge of the principles of peri-operative patient care.
- Have a sound knowledge of the principles of pain and symptom management, palliative care and end-of-life issues.
- Be well informed in the principles and techniques of modern radiation treatments.
- Acquire sound knowledge of the clinical pharmacology of cancer chemotherapy and related systemic treatment including targeted treatment modalities.
- Acquire skill in the assessment of the effects of treatment and the care of complications. This includes skill in the assessment of patients after treatment and during follow-up.
- Understand cancer survivorship issues and the principles underlying the management of fertility issues in gynaecologic cancer patients.
- Develop skills in the planning, conduct, reporting and interpretation of clinical audit and research in gynaecological oncology.
- Understand the psycho-sexual, socio-cultural and economic aspects of cancer management among women in the Indian setting.

Membership of Gynae-Oncology Societies

Mandatory memberships

1. AGOI: Association of Gynaecologic Oncologists on of India
2. AGOI West Bengal Chapter
3. ESGO: European Society of Gynaecological Oncology

Preferable memberships to consider:

Sometimes these memberships are free for India. Please lookout for membership waivers and discounts. Trainees could avail discounts in lieu of their training designation from certain societies.

1. IGCS
2. SGO
3. ASGO
4. ESMO
5. ASCO

Mandatory journal subscriptions-

1. IJGO- Indian Journal of Gynaecologic Oncology
Free with AGOI membership
2. IJGC- International Journal of Gynaecological Cancer
Free with ESGO membership

Subscribe to freely available alerts/e-toc to all major journals

1. Gynecologic Oncology
2. Annals of Oncology
3. Lancet Oncology
4. NEJM
5. JCO (Journal of Clinical Oncology)
6. JGO (Journal of Gynecologic Oncology)
7. Gynecologic Oncology Reports

Your Logbook

Please maintain your logbook with regular updates. This will be reviewed at periodic intervals by the external examiner during your Formative Assessment Test (FAT). More importantly, this document is one of the most valid testimonies of your learning experience at TMCK that will be valued at the time of your job applications in India and abroad.

Research and thesis

The guideline for thesis protocol and submission is available at the NBE website.

General principles for research for your thesis

The department gives very high importance to research and publication. It is mandatory to undertake research for your thesis, and there would be many other areas where research/audit can be undertaken based on your own interest or the departmental need. Ethical approval is essential for any research work at TMCK. This should be well planned based on a defined, important and relevant research question, a clear methodology with statistical appropriateness and practicality of undertaking such work at the institution.

The topic for your thesis will be assigned to you within 2 weeks of joining the department. The timeline for proposal submission and final thesis submission will be intimated to you as per NBE guidelines. The topics are planned as original and innovative as possible keeping in mind the constraints of time frame and limited funding resources. One of the senior consultants will be your assigned guide. Other consultants will support as co-guides.

The following are the prerequisites for preparation of your thesis work:

1. Scientific Review Committee (SRC) application and approval
A consultant committee at the institution assess and approves the scientific content of your research proposal.
2. Institutional Review Board (IRB) application and approval
The IRB, consisting of experts in the field, scientists, statisticians, legal experts and lay persons evaluates both the scientific and ethical aspects of the application.
3. Registration with Clinical Trials Registry of India (CTRI) and [Clinicaltrials.gov](https://clinicaltrials.gov)
These are essential for any future publication of your research.
4. Grant application for research work and future publication
There are various government and charitable organisations nationally and internationally that will fund to support your research.

Publication your thesis

When you are writing your thesis for submission, you should also write for publication of your work in a peer reviewed journal. More than one publication can generally be undertaken based on the data collected for the research for your thesis. Once the thesis has been accepted, you can submit articles for publication based on these data. The thesis writing should be as per the NBE guidelines.

Guideline for publication in a journal

1. The publication must be in an indexed journal.
2. It should be in a journal pertaining to the subject, preferably a journal of high impact factor and repute.

3. The article should be sent for publication in a peer-reviewed journal within one month from the acceptance of the thesis from the NBE. In certain circumstances, some flexibility may be allowed to extend this 30-day deadline.
4. As a general rule, the trainee who has undertaken the research and writes the article for publication, gets the privilege of being the first author. Your guide is the corresponding author. However, if you fail to submit before completing your tenure (leaving the institution), then you lose the first authorship privilege.

Other research and related publications

You are encouraged to find time to undertake additional research and audit to add to your CV. The principles laid down for publication of data from your thesis applies here as well. No SRC application is needed for any research other than thesis.

Conference participation

Mandatory

1. The hospital provides financial support to attend one national conference every year.
2. Utilise all the three-hospital supported conference funding for AGOICON.

Desirable

1. Attend at least one more national conference every year with your own presentation/research.
2. Attend at least one international conference during your tenure. (Look for travel grants to attend ESGO, IGCS or ASCO)
3. If work is deemed good and has obtained a prize at a conference, attendance to which was not sponsored by the institution, the department may support you to some extent towards the cost of attending that conference.